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From: Kevin A. Oliver

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Message

OFFICIAL COMMUNICATION

Re: U.S. Patent Application No. 09/738,439

Filed: December 15, 2000

Attorney Docket No.: MPZ-001.02 (22023-102)

Dear Sir or Madam:

Enclosed are the following:

1. Transmittal Form/Certificate of Transmission for June 19, 2003 (1 page);
2. Fee Transmittal Form/Certificate of Transmission for June 19, 2003 (1 page); and,
3. Response/Certificate of Transmission for June 19, 2003 (9 pages); and
4. This fax cover sheet (1 page).

Sincerely,
Kevin A. Oliver

20/553184.1

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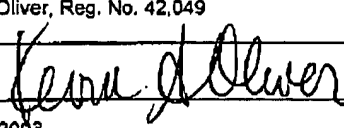
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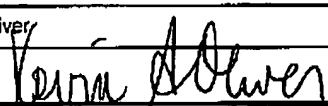
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TRANSMITTAL FORM <i>(to be used for all correspondence after Initial filing)</i>	Application Number	09/738,439	
	Filing Date	December 15, 2000	
	First Named Inventor	Coleman	
	Group Art Unit	2171	
	Examiner Name	Sana Al-Hashemi	
Total Number of Pages in This Submission	11	Attorney Docket Number	MPZ-001.02 (22023-102)

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="text-align: center;">Fax Cover Sheet</div>
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Kevin A. Oliver, Reg. No. 42,049
Signature	
Date	June 19, 2003

CERTIFICATE OF TRANSMISSION			
I hereby certify that this correspondence is being facsimile transmitted to the United States Postal Service at (703) 746-9098 on this date: June 19, 2003			
Typed or printed name	Kevin A. Oliver		
Signature		Date	June 19, 2003

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FEE TRANSMITTAL for FY 2002 <i>Patent fees are subject to annual revision.</i>		Complete if Known		
		Application Number	09/738,439	
		Filing Date	December 15, 2000	
		First Named Inventor	Coleman	
		Examiner Name	Sana Al-Hashemi	
TOTAL AMOUNT OF PAYMENT (\$)		0	Attorney Docket No.	MPZ-001.02 (22023-102)

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)																																																																																																																																																																																	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 08-1448 Deposit Account Name: Foley Hoag LLP, Ref. MPZ-001.02 <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>190</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>480</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - 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2. EXTRA CLAIM FEES Total Claims: <input type="text"/> = <input type="text"/> Extra Claims X <input type="text"/> Fee from below = <input type="text"/> Fee Paid Independent Claims: <input type="text"/> = <input type="text"/> X <input type="text"/> = <input type="text"/> Multiple Dependent: <input type="text"/> X <input type="text"/> = <input type="text"/>																																																																																																																																																																																					
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SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Kevin A. Oliver	Registration No. Attorney/Agent	42,049	Telephone	(617) 832-1241
Signature	<i>Kevin A. Oliver</i>	Date	June 19 2003		

CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. § 1.8(a)

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Kevin A. Oliver
Kevin A. Oliver